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|  |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |   |  |                                    | Application or Docket Number<br><b>10/518,105</b> | Filing Date<br><b>12/10/2004</b> | <input type="checkbox"/> To be Mailed |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| (Column 1)   | (Column 2)  | SMALL ENTITY <input type="checkbox"/> OR OTHER THAN SMALL ENTITY |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| FOR  | NUMBER FILED  | NUMBER EXTRA   |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A   | N/A  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| TOTAL CLAIMS<br>(37 CFR 1.16(i))   | minus 20 =  | *  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   | minus 3 =   | *  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| * If the difference in column 1 is less than zero, enter "0" in column 2.  |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| (Column 1)   | (Column 2)  | (Column 3)   | SMALL ENTITY                       | OR  | OTHER THAN SMALL ENTITY          |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT  | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     | RATE (\$)                        |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  | <b>12/02/2009</b>   |  |                                    |   | ADDITIONAL FEE (\$)              |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))   | * 2   | Minus  | ** 20                              | = 0   | OR RATE (\$)                     |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))   | * 2   | Minus  | ***3                               | = 0   | ADDITIONAL FEE (\$)              |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))   |   |  |                                    |   | OR                               |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))   |   |  |                                    |   | TOTAL ADD'L FEE                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  |   |  |                                    | OR  | TOTAL ADD'L FEE                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  |   |  |                                    |   | <b>0</b>                         |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| (Column 1)   | (Column 2)  | (Column 3)   |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT  | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     | RATE (\$)                        | ADDITIONAL FEE (\$)                   |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  | Total (37 CFR 1.16(i))  | * Minus  | **                                 | =   | OR RATE (\$)                     |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  | Independent (37 CFR 1.16(h))  | * Minus  | ***                                | =   | ADDITIONAL FEE (\$)              |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))   |   |  |                                    |   | OR                               |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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|  |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".   |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |               |                        |   |                   |     |                                  |            |                     |  |           |       |   |   |              |  |     |       |      |     |                     |  |  |  |  |  |    |  |                 |  |  |  |                 |  |  |  |  |    |                 |  |  |  |  |  |          |  |  |  |  |  |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |  |                        |         |    |   |              |  |  |                              |         |     |   |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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Legal Instrument Examiner:  
**/JAMES w. TUNSTALL/**